

MULTIPLE DEPEN.
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				
2			1				
3			1				
4			1				
5			1				
6			1				
7			1				
8			1				
9			1				
10			1				
11			1				
12			1				
13			1				
14			1				
15			1				
16			1				
17			1				
18			1				
19			1				
20			1				
21			1				
22			1				
23			1				
24			1				
25			1				
26			1				
27			1				
28			1				
29			1				
30			1				
31			1				
32			1				
33			1				
34			1				
35			1				
36			1				
37			1				
38			1				
39			1				
40			1				
41			1				
42			1				
43			1				
44			1				
45			1				
46			1				
47			1				
48			1				
49			1				
50			1				
TOTAL IND.			4				
TOTAL DEP.			34				
TOTAL CLAIMS			38				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82			1				
83			1				
84			1				
85			1				
86			1				
87			1				
88			1				
89			1				
90			1				
91			1				
92			1				
93			1				
94			1				
95			1				
96			1				
97			1				
98			1				
99			1				
100			1				
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							